Case 16-14281-elf Doc 101 Filed 02/14/17 Entered 02/14/17 12:48:00 Desc Main Page 1 of 2 **D**ocument Fill in this information to identify your case: Franklin A. Bennett III Debtor 1 Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Eastern District of Pentsylvania 16-14281 Check if this is: Case number (If known) An amended filing A supplement showing postpetition chapter 13 income as of the following date: 159 AMENDED Official Form 106 MM / DD / YYYY Schedule I: Your Ir 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. **Describe Employment** Part 1: 1. Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, attach a separate page with **M** Employed **☑** Employed **Employment status** information about additional ■ Not employed employers. ■ Not employed Include part-time, seasonal, or self-employed work Real Estate/ Law Paralegal Occupation Occupation may include student or homemaker, if it applies. Bennett & Associates, LLC Bennett & Associates, LLC Employer's name Employer's address 4712 Castor Avenue 4712 Castor Avenue Number Street Street Number 19124 PA Philadelphia Philadelphia PΑ 19124 State ZIP Code City ZIP Code State How long employed there? 1yrs 1yrs Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 2 or For Debtor 1 non-filing spouse 2. List monthly gross wages, salary, and commission (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 5,100.00 3,000.00 3. Estimate and list monthly overtime pay. 0.00 0.00 5,100.00 3,000.00 4. Calculate gross income. Add line 2 + line 3.

Entered 02/14/17 12:48:00 Desc Main Case 16-14281-elf Doc 101 Fied 02/14/17 Page 2 of 2 **D**cument Case number (if known) 16-14281 Franklin A. Bennett III Debtor 1 Last Name For Debtor 1 For Debtor 2 or non-filing spouse 2,000.00 5,100.00 Copy line 4 here 5. List all payroll deductions: 600.00 350.00 5a. Tax, Medicare, and Social Security deduction 5a. 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 5e. Insurance 5e. 0.00 5f. Domestic support obligations 5f. 0.00 5g. Union dues 5g. 150.00 5h. + \$ 200.00 5h. Other deductions. Specify: City Tax

		1					·				
6.	Add	the payroll	deductions. Ac	ld lines 5a + 5b + 5c	+ 5d + 5e +5f + 5g + 5h.	6.	\$800.00	\$_	500.00		
7.	Calc	ulate total	monthly take-he	ome pay. Subtract li	e 6 from line 4.	7.	\$4,300.00	. \$_	1,500.00		
8.	List a	ll other inc	ome regularly ı	received:							
		Net income profession,		perty and from ope	ating a business,						
	ı	Attach a star eceipts, ord nonthly net	inary and neces	property and busines sary business exper	s showing gross ses, and the total	8a.	\$. \$_			1
	8b. I	nterest and	dividends			8b.	\$. \$_			
		i amily supp egularly re		hat you, a non-filin	spouse, or a depende	nt					
			ony, spousal sup and property sett	pport, child support, lement.	aintenance, divorce	8c.	\$. \$_			
	8d. I	Jnemployn	nent compensat	tion		8d.	\$	\$_			
		Social Secu				8e.	\$	 \$			
	₽f (Other gove	rnment accietar	nce that you regular	ly receive						
	 	nclude cash hat you rece	assistance and sive, such as foo	the value (if known)	of any non-cash assistan nder the Supplemental	ce					
		Specify:			·	8f.	\$. \$_			
	8g. I	ension or	retirement inco	me		8g.	\$. \$_			
	8h. (Other mont	hly income. Spe	ecify:		8h.	+\$	+\$_			
9.	Add	all other in	come. Add lines	8a + 8b + 8c + 8d +	8e + 8f +8g + 8h.	9.	\$	\$_			
10. (Calcu	late month	ly income. Add	line 7 + line 9.			4 200 00		1 500 00	5 000 0	
				or 1 and Debtor 2 or	non-filing spouse.	10.	\$_4,300.00	+ \$_	1,500.00	\$5,800.0	0
11.	State	all other re	gular contribut	tions to the expens	s that you list in Sched	lule J.					
	Includ friend	le contributi s or relative	ons from an unn s.	narried partner, mem	pers of your household, your dependents, your roommates, and other						
Do not include any amounts already included in lines					-10 or amounts that are i	not av	ailable to pay expe	nses liste	d in Schedule J.		
	Spec					11. +					<u>0</u>
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12.									\$5,800.0	0	
13.	.Doy		an increase or o	decrease within the	year after you file this form?					Combined monthly incom	е
		Yes. Explain									
Official Form 106I					Schedule I: Your Income					page 2	
					. •			v			